

Move Expense Agreement Non-Residential

Project Title:		Parcel No.:
Type of Displacement: <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Non Profit Org. <input type="checkbox"/> PPO	Displaced Person(s):	Displacee No.:

I, the undersigned, hereby certify that I am the owner of certain personal property that is lawfully located upon real property acquired in connection with the foregoing public works project. As a result of the acquisition, said personal property must be moved from the acquired site.

By initialing below, I hereby select the following type(s) of moving option(s), authorized under the Washington State Relocation Assistance Program:

Commercial Move. The city/county will obtain the services of and make direct payment to a qualified commercial mover to relocate my personal property. Said property is located at _____ and is to be relocated to _____. I will be prepared to move between (Date) _____ and (Date) _____. I estimate the value of my personal property to be \$_____ and this amount will be used to determine the cost of my replacement value insurance.

Negotiated Cost, Self-Move. I will move personal property owned by me in accordance with the attached moving specification. When the move has been completed and the property inspected by a representative from the city/county, I will claim the amount of \$_____.

Actual Cost Move, Self-Move. I will move personal property owned by me using my own resources and be reimbursed the actual and reasonable moving cost as documented by paid receipts or other reasonable evidence of expense.

In Lieu, Fixed Payment. I will move personal property owned by me from the acquired site. Upon satisfactory completion of the move, I will claim the amount of \$_____, which amount has been authorized by approval of my application for fixed payment, dated _____. I understand that my acceptance of this payment is in lieu of any and all other moving and moving related expenses to which I would otherwise be entitled.

Move Cost Schedule, Self-Move (PPO). I will move personal property owned by me and when the move has been completed and inspected by the city/county, I will claim the amount of \$_____.

NOTE: Failure to comply with the terms and conditions of this agreement and the attached moving specifications (if required) may result in denial of all or part of your claim for moving expenses.

Displaced Person

Date

Relocation Specialist

Date

Region Relocation Supervisor

Date